Students: Talk to your Counselors about authorized spending money.

RCBs: Per Rehab contract: Please authorize \$125.00 for spending money for client.

If student is under 18, we will need a parent signature to allow CSB staff to take pictures of your son/daughter involved in STEP activities.

engaged in education and social activities during the STEP program 2017

The California School for the Blind staff has permission to take pictures of

Parent (if student under 18 years of age)

18 years/over signature

Applications are due by May 29, 2017

Acceptance will be announced by June 5, 2017

Additional Comments from VI teacher or RCB:	
Rehabilitation Counselor's Signature	
Rehabilitation Counselor's Address/City (include zip code)	
Rehabilitation Counselor's Phone Number	
Rehabilitation Counselor's E-mail address	_
Reliabilitation Counselor 5 E-Ilian address	
Return your completed application and letter to:	
itetarri year compicted application and letter to:	

Please attach a one page letter explaining why you want to attend the Summer

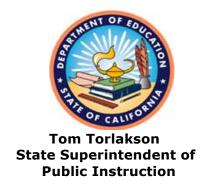
Transition Education Program and something about yourself.

California School for the Blind Attn: Ann Linville, Director of Transition 500 Walnut Avenue Fremont, CA 94536

Any questions: (510) 794-3800 (510) 794-3850 (fax) alinville@csb-cde.ca.gov (e-mail) Students residing in the Apartment Living Program while attending STEP may ask permission to take oral medication and/or nasal inhalants independently.

Students taking injections regularly can apply for permission to self administer injections. The following steps are required:

- > Talk with personal physician regarding procedure
- Ask personal physician or nurse to go through steps of preparation and injection
- > Demonstrate steps to SHU nurse
- > ALP staff member will observe procedure
- > Student will log self-medication of oral and nasal medications



I,, requand/or nasal inhalant in n			for taking oral medication ation will be mine.	
All other types of medica A chart noting the taking				
Signature of Student		Date	Apt. #	
Signature of Parent (notes acknowledgement	t)	Date		
Physician's permission a	nd/or comments:			
has n medications/procedures:	ny permission to take ı	responsibility for taking	g of the following	
Physician's signature	License #	Office F	Office Phone #	
Signatures below note ac	cknowledgement:			
SHU Nurse Supervisor Student Health Service	Sharon Sacks Superintendent	Ann Linville Director Trans	Ann Linville Director Transition Services	
Sincerely,				
Ann Linvilla Administrator				

California School for the Blind - 500 Walnut Avenue - Fremont, CA 94536 - (510) 794-3800